## ANNUAL REPORT FORM

## Exempt Recycling Centers (January 1 through December 31, 2013)

## PLEASE PRINT

Facility Name:										
Reported By:										
<b>Contact Phone</b>	#:									
Date:										
County of Origin:					_ (use separate sheet for each county)					
	Materia	l Ouantit	v Measu	red in: T	ons / Cu	bic Yard	s / Gallon	s (circle o	one)	
Municipality	15	17	18	19	22	23	26	29	30	TOTAL
15- Tires 17- Trees, Tree Parts, Brush, Wood Chips 18- Grass 19- Leaves 22- Asphalt, Asphalt Roofing, Concrete, Brick, Block					23- Food waste 26- Non-container plastics 29- Textiles 30- Wood Scraps (unpainted and non-chemically treated)					
I certify that the	informati	on entere	d above i	s true and	d to the be	est of my	knowledg	ge.		
Signature: _										
Title:										
Date: _		THIS I	FORM M	- UST BE	RECEIVI	ED BY AI	PRIL 1, 20	14		

New Jersey Department of Environmental Protection Division of Solid and Hazardous Waste Bureau of Recycling and Planning P.O. Box 420, Mail Code 401-02C Trenton, NJ 08625-0420

Attn: Carol Puca